

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Mauro

2. Surname (Last Name)

Biffi

3. Date

04-April-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Hybrid transcatheter left ventricular reconstruction for the treatment of ischemic cardiomyopathy

6. Manuscript Identifying Number (if you know it)

CDT-2020-HFYO-03(CDT-20-265)

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Dr. Biffi has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Antonio

2. Surname (Last Name)

Loforte

3. Date

04-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Mauro Biffi

5. Manuscript Title

Hybrid transcatheter left ventricular reconstruction for the treatment of ischemic cardiomyopathy

6. Manuscript Identifying Number (if you know it)

CDT-2020-HFYO-03(CDT-20-265)

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Dr. Loforte has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Gianluca

2. Surname (Last Name)

Folesani

3. Date

04-April-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Mauro Biffi

5. Manuscript Title

Hybrid transcatheter left ventricular reconstruction for the treatment of ischemic cardiomyopathy

6. Manuscript Identifying Number (if you know it)

CDT-2020-HFYO-03(CDT-20-265)

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Dr. Folesani has nothing to disclose

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Matteo

2. Surname (Last Name)

Ziacchi

3. Date

06-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Mauro Biffi

5. Manuscript Title

Hybrid transcatheter left ventricular reconstruction for the treatment of ischemic cardiomyopathy

6. Manuscript Identifying Number (if you know it)

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Dr. Ziacchi has nothing to disclose.

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|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Domenico   | 2. Surname (Last Name)<br>Attinà                                    | 3. Date<br>27-March-1985                   |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Mauro Biffi |
| 5. Manuscript Title<br>Hybrid transcatheter left ventricular reconstruction for the treatment of ischemic cardiomyopathy |   |  |
| 6. Manuscript Identifying Number (if you know it)  |   |  |

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Dr. Attinà has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Fabio

2. Surname (Last Name)

Niro

3. Date

06-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Biffi Mauro

5. Manuscript Title

Hybrid transcatheter left ventricular reconstruction for the treatment of ischemic cardiomyopathy

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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1. Given Name (First Name)  
FERDINANDO

2. Surname (Last Name)  
PASQUALE

3. Date  
08-April-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
MAURO BIFFI

5. Manuscript Title  
Hybrid transcatheter left ventricular reconstruction for the treatment of ischemic cardiomyopathy

6. Manuscript Identifying Number (if you know it)  
CDT-2020-HFYO-03(CDT-20-265)

### Section 2. The Work Under Consideration for Publication

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### Section 1. Identifying Information

1. Given Name (First Name)

DAVIDE

2. Surname (Last Name)

PACINI

3. Date

06-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

MAURO BIFFI

5. Manuscript Title

Hybrid transcatheter left ventricular reconstruction for the treatment of ischemic cardiomyopathy

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